

CLAIMS ONLY							Application Number 101678645		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1		1				Total Indep			
Total Depend	23		16				Total Depend			
Total Claims	24		17				Total Claims			